THE

BOSTON MEDICAL AND SURGICAL JOURNAL.

VOL. IX.] WEDNESDAY, DECEMBER 25, 1833. [NO. 20.

EXTRACTS FROM GERMAN LITERATURE.

1. *A Wonderful Heart.*

THIS wonderful heart (cor illud mirabile) occurred in a woman who had been subject to occasional attacks of rheumatic headache and arthritic pains, but had otherwise enjoyed good health until some years before her death, when she became subject to a perpetual feeling of anxiety, often accompanied by palpitations of the heart and sudden fits of debility, preceded by transitory glows of heat.

On dissection, a large quantity of water was found in the chest.

"The heart, before the sac of the pericardium was opened, appeared natural in its size and position; but on cutting the pericardial sac, both the ventricles and auricles seemed somewhat smaller than natural. The external or fibrous layer of the pericardium was normal in its texture, whilst the serous layer by which it is lined internally, appeared much thicker than usual, and had altogether lost its natural transparency. That portion of the serous layer which is reflected over, and embraces the heart itself, was neither thickened, nor otherwise altered in structure, and, as usual, adhered intimately to the subjacent substance of the ventricles, which were found degenerated into a fatty mass. The external surface of this reflected serous layer was covered with *striæ* and *flocculi* of coagulable lymph, superimposed in a laminated manner, but easily removable, so as to expose the serous layer covering the substance of the ventricles just spoken of.

Between these two serous layers, viz. that lining the fibrous sac of the pericardium, and that reflected over the substance of the heart, was found a stratum of perfectly muscular substance (massa omnino muscularis). The extent of this muscular stratum answered exactly to that of the reflected serous layer of the pericardium, and, consequently, it covered the whole body of the heart, ventricles as well as auricles, extending from the great vessels issuing from the base of the heart to its very apex. In estimating the relative actions of the muscular fibres composing this layer, it is necessary to recollect that on the different sides of the heart they ran in different directions, imitating in the most perfect manner the natural spiral course of the muscular fibres of the heart, and forming towards its apex a junction by means of a *vortex* of muscular fibres. When examined by a powerful microscope, these fibres were found to be composed of separate fasciculi, each again containing distinct minute bundles or particles of still smaller fibres, just as is observed in true muscle. The muscular fibres were strong and powerful on the posterior face of the left ventricle, but still more so where they embraced the origin of the inferior vena cava, like a sphincter muscle."

We cannot but suspect that both Dr. Leowolf, of Heidelburg, the narrator of the case, and his translator, have attached more importance to it than it merits. It appears to us to be an instance of chronic pericarditis, and the reputed muscle to be nothing more than lymph, organized perhaps, but presenting appearances familiar to those accustomed to post-mortem examinations. A great deal of speculation on the extraordinary muscular apparatus is appended; but taking the view which we do of the matter, we think it somewhat unprofitable.

2. Excision of the Articulating Ends of Bones.

An enumeration of the operations of this description is presented by Dr. Leowolf. It can only be considered an approximation to the truth; indeed, it would seem in several particulars extremely incorrect. We refer the curious to our cotemporary, the Dublin Medical Journal.

3. Hypertrophy of the Mammæ.

This affection has attracted little notice. Yet it is not very rare, and we have heard of a case in which it was indirectly a cause of death. This case occurred at St. George's Hospital, and was under the care of Mr. Brodie. The patient, a young woman, came up from the country on account of an enormous enlargement of the breasts, without any decided change of structure. The integument was accidentally abraded by a pin, erysipelas supervened, and it proved very rapidly fatal. As this is a disease (it may justly be considered such) of which little is generally known, we are induced to notice the instances collected by the industry of the German author.

Case.—A young woman, of a pale countenance, slender form, and phlegmatic temperament, had enjoyed an uninterrupted state of good health until her 25th year, when she became pregnant. It is remarked that her breasts were naturally large and soft. No unusual occurrence followed delivery, except that the child could not be brought to take the breast, and consequently the mammæ became distended with milk, and far exceeded their natural size. It is not stated whether they had regained their usual dimensions before she again became pregnant, about two years afterwards. Be this as it may, both had attained to such a magnitude before the sixth month of pregnancy had elapsed, that she sought medical aid, and informed Dr. Cerutti that about four months previously she had received a blow on the *right* mamma, shortly after which the *left* breast became evidently larger; but its enlargement was unattended by the least heat, pain, or any other symptom of local inflammation. In the course of a few weeks the right breast began likewise to increase in size, but not so rapidly as the left. When first examined, they were so greatly enlarged and heavy, that their weight alone proved a serious incumbrance to the patient; they were both equally hard, and the strongest pressure on them did not produce the least pain. The skin covering both was perfectly natural, and she complained of no uneasiness except occasional stitches darting through the left mamma. The enlargement of the breasts continued to increase until the end of the eighth month, when she was delivered of a dead child on the 15th of March, after which their size remained stationary, and the stitches in the left breast ceased altogether. After some time she commenced an alte-

rative course of mercurials and antimonials, which seemed to improve her general health and made some impression on the breasts, for the right was evidently diminished in size. Both, however, were still hard, but in some spots the hardness was so far diminished as to yield somewhat to the finger when pressed. Under the same treatment these soft spots seemed to increase in size and number, and at last imparted an evident sense of fluctuation to the finger; at the same time her lower extremities, and afterwards the integuments of the abdomen, became œdematous, and in the course of a few days even her face and hands were somewhat swollen, particularly in the morning. The appearance of the œdema was accompanied by febrile symptoms, which, together with the anasarca, speedily yielded to antiphlogistic treatment. The left mamma had now become quite soft in every part, and in fact felt like a bladder full of water; its weight and the disagreeable fluctuation of the contained fluid rendered it extremely inconvenient to the patient, and accordingly it was resolved to let out the fluid, which was effected by means of scarifications made on the 14th of April, and repeated eight days in succession. This afforded exit to several pints of water, and caused so great a decrease in the size of the left mamma, that it was no longer much larger than the right. The flow of water through the wounds continued for several weeks, until, indeed, the appearance of the left breast was so entirely altered, that it now resembled a flaccid nearly empty bag, containing the mammary gland somewhat increased in size, and of a stone-like hardness. The alteration in the right breast was less perceptible, nor was it evident that it ever had contained any water; like the other, however, it too had become more flaccid. In neither did she feel the slightest pain even on pressure. The use of iodine ointment, and other remedies, had before the end of July effected a still further reduction in the size of her breasts, which, although still much larger than those of other women, and still exhibiting a remarkable hardness of the mammary glands, yet formed no serious impediment in the performance of her usual occupations. So matters continued for thirteen months, when she became a third time pregnant, and in the course of a few weeks the breasts again began to increase in size, and that with such rapidity, that in the beginning of the following April, the left breast presented the following measurements: circumference at basis, forty inches; from nipple to upper border of tumor, twenty-seven inches; to lower, sixteen inches; the right breast measured an inch less in each direction. These enormous tumors hung pendulous over the abdomen, and entirely prevented her pregnant condition being remarked by the eye, although she was within six weeks of her confinement. In some parts the skin, hitherto natural, seemed distended, ready to burst, and painful. The success of the scarifications on a former occasion, induced her medical attendants to try them again, but it was now found that very little fluid came from the wound, which immediately became gaping, and exhibited a protrusion of the parenchymatous substance of the breast, firm and fat-like, which protruding portion rapidly increased in size, until it resembled a steatomatous tumor as large as a goose egg. The size of the breasts continued to augment daily, and before the period of accouchment, which happened on the 10th May, 1828, they certainly must have together

weighed twenty-four pounds. Their heat was above the natural standard, and here and there their surface was traversed by turgid and swollen veins. They were everywhere elastic, and in no part uneven or rugged from the occurrence of knotty tumors or hard spots. The integuments were more distended towards their inferior and most pendant portion, on account of the gravitation of the fluid to that part.

In consequence of this the inferior parts yielded much more to the finger when pressed, than the superior, and imparted more of the feeling of softness, but nevertheless they did not pit even on strong pressure. The breasts were narrower at their basis than in other parts, and consequently had a pyriform shape; by pressing strongly against each other they had occasioned mutual excoriation and ulceration on their internal surfaces. At the end of her pregnancy another tumor appeared in the right axilla, about the size of the fist. This was at first painful, soon softened, suppurated, and broke; notwithstanding these various sources of irritation, her general health appeared unaffected, and there were no pectoral symptoms of pains whatsoever. A few days after delivery, the breasts began to diminish in size, and in the course of a week the diminution had so far advanced, that the skin covering the tumor, instead of being distended, was wrinkled and loose. For some weeks before and after the birth of her child, the patient was prevented from sitting up in bed, by the pain in her breasts which the change from the horizontal posture occasioned; when it was absolutely necessary for her to sit up or stand, she could only effect it by aid of persons employed to support her breasts with their hands; and when she remained for any length of time sitting, she was obliged to draw her knees upwards, so as to give support to the breasts which hung over and covered the whole abdomen. In a few days after her accouchment she obtained much relief from the bursting of the abscess in her armpit, which discharged a very large quantity of a white, ropy, milk-like fluid. On the 30th of June, she was able to follow her usual occupations, and although the breasts were still uniformly hard, and so large as to hang far downwards over the abdomen, yet they were amazingly diminished in size, and the integuments covering them hung loosely and in folds. She could then lie comfortably on either side, and suffered no pain; although still emaciated, she was in other respects healthy. On the 7th of September, she applied for assistance on account of the ulceration between the breasts which had never healed, and on account of the non-appearance of the menses since her confinement in May; she appeared pale and cachectic. Our author determined to try the effects of animal charcoal,* which was administered in doses of half a grain, gradually increased to a grain and a half three times a day; in the course of a month the size of the breast had considerably diminished, and the ulcerated parts had assumed a much healthier appearance, and were healing. Various circumstances, however, prevented her from attending the dispensary, and consequently all remedies were laid aside. She was again examined on the 17th of May, 1830, when the left breast, which was still somewhat the larger of the two, was found to measure 21 inches in circumference at the basis, and 9 inches from the

* Animal charcoal has been strongly recommended by Dr. F. A. Weisse, in indurated tumors, scirrhus, &c. &c.

basis to the nipple. The substance or parenchyma of the breasts is soft, and the integuments are quite flaccid, loose, and pendant, so as to afford proofs of the former enormous size of the parts they covered.

The foregoing case was insusceptible of abbreviation, it having been already compressed into as portable a shape as possible.

Galen appears to mention excessive enlargement of the breasts. Scaliger briefly describes one; so does Bartholinus. Palmuthius relates a case. A woman had breasts rather larger than usual before her marriage, but their size increased greatly during her first pregnancy, and each succeeding one, until at last they hung down as far as her knees.

A case is related in Wesler Augsburgh Chronicles. A servant maid was so incumbered by hypertrophy of the mammæ, that she could scarcely either stand or walk; in every other respect her health was good. The left breast was successfully amputated by a barber, and was found to weigh twelve pounds; the young woman was so relieved by its removal, that she was able to support the burthen of the right breast without any great inconvenience. A lady near Koningsburgh had a similar affection; her breasts were so enormous, that one of them alone weighed nearly thirty pounds, and the patient was obliged to have recourse to suspensory bandages tied round the neck to enable her to support them. In this lady the removal of a suppression of the menses under which she had long labored, was effected by judicious treatment, and an immediate diminution of the size of the mammæ was the consequence of the restoration of a healthy state of the menstrual discharge. A lady of rank who had previously enjoyed a most uninterrupted state of good health, produced a suppression of the menses by incautious exposure to cold during the menstrual period; immediately her breasts became painful, and began to swell, and had so increased in size during the following night, that she could neither get out of bed or move herself. She was twice bled in the foot, and the menses were restored thereby, and the affection of the breasts entirely removed.

Dornsten relates a case. A girl, æt. 20, perfectly healthy, awoke one morning in a fright, and was astonished at seeing both her breasts so enormously enlarged, that their size and weight prevented her from changing her position in bed. The lactiferous ducts were hard and distended, but there was no pain or soreness in the swollen parts. The left mamma measured 31 inches, the right 38 inches in circumference. The attack commenced in July, and in October the young woman died. After death, the left breast, which had continued to grow since July, was cut off; it weighed 64 pounds. It was accurately examined, but presented nothing unnatural in structure, and appeared to be simply hypertrophied. The right breast, which was not removed, must have weighed about 40 pounds. The entire weight of the two breasts was seven stone and a half.

Sauvages mentions a nearly similar case, which occurred at Toulouse. Hey relates the following. A girl, æt. 14, slender, but healthy, was always remarkable for the size of her breasts. The catamenia, which appeared when she was thirteen years old, were suppressed by exposure to cold, and were never afterwards restored; her breasts immediately after the suppression began to grow, and increased in size from day to

day with such rapidity, that when seen by Hey their weight was insupportable; amputation of the left breast was performed, and in a short time afterwards the catamenia re-appeared, and became regular. The remaining breast now began to diminish in size, and in six months was not more than half as large as formerly.—*Med. Chirurg. Rev.*

CASE OF DEBILITY, COMMUNICATED FOR ADVICE.

Delaware, Ohio, Nov. 30, 1833.

To the Editor of the Boston Medical and Surgical Journal.

Dear Sir,—By publishing the following case in your valuable Journal, and making such comments as you may deem proper, you will very much oblige one of your distant subscribers. Should any of your numerous readers, from experience in similar cases, feel themselves able to give advice, either through the pages of your paper or by private letter, it will be thankfully received.

Mrs. L. aged 39 years, in the early part of 1827, soon after a severe labor with her third child, and after she had recovered from the common effects of parturition, experienced a disagreeable sense of *weakness* in her hips and pelvis, more especially after exercise. This weakness gradually increased for some months, until she found herself unable to attend to her domestic affairs, and was necessitated to lie on her bed a few hours every day. About this time she became sensible of a leucorrhœal discharge from the vagina. Fifteen months after her third labor, she became pregnant with her fourth child; but she felt no relief during her pregnancy from the weakness in her back and hips, and the inability to exercise increased. Her general health remained, however, tolerably good. Notwithstanding the vaginal discharge she again became pregnant in 1830 with her fifth child. But the weakness in her back and hips during this pregnancy increased very much, so that she was almost wholly confined to a recumbent position. After her labor, which was a natural and easy one, her symptoms became aggravated. She had advice from several physicians, but it appears they all neglected to make any examination *per vaginam*, and consequently treated her case empirically. One of them, supposing she labored under a rheumatic affection, advised a *warm hip bath*, the use of which she continued for three months, with very pernicious consequences. She became wholly unable to walk, not from any incapacity to move her lower extremities, but from a sense of excessive prostration of strength in her hips and pelvis. The only way in which she could find any relief from this sense of prostration, was to lie on her abdomen with her head unsupported by a pillow. At this time considerable pain was experienced, on making pressure on either of the trochanter majors, and a very acute pain was felt on pressure of the lower point of the *os coccygis*.

A little more than one year since, Mrs. L. was put under my care; I found her in the following situation. Her general health was tolerably good, indeed better than could have been expected from her long confinement. Her tongue was clean; pulse natural; bowels rather costive;

appetite good; and usually cheerful. Her menstrual discharges were very regular and natural, but she had a constant leucorrhœa, of a glutinous, milky consistence, which coagulated by the use of astringent injections *per vaginam*. She was quite able to walk a short distance, perhaps once or twice across her room; but if she continued to sit up or stand upon her feet, but a few minutes, she would experience such an intolerable sense of weakness in her pelvis that she would be compelled to lie down immediately—nor would this sense of exhaustion leave her then, but continue several days.

Supposing there was some displacement of the uterus, I made an examination, and found, as I expected, the *cervix uteri* low down in the vagina, resting on the perineum. The *os uteri* was considerably dilated, and the superior and anterior lip presented a hardened gristly feel, and it was somewhat enlarged; but not the least pain was experienced by the patient, on making pressure on any of the parts. I then made a close examination of the spinal column, but so far as I could judge by making pressure, not the least disease or irritation existed in this part. Although the prolapsus would not account for *all* her weakness and inability to exercise, yet I had every reason to hope that a proper-sized pessary would do much for her relief. I accordingly introduced a box-wood pessary two inches and a quarter in diameter, my patient being a middle-sized woman. This seemed to fail fulfilling the indication, and shortly after this I had a consultation with one of the most eminent physicians in this State. After a critical examination into the case, he strongly recommended the use of Dr. Dewees's improved gilt pessary. It will be remembered the Doctor has three different sizes of this improved pessary. I procured one of each, and introduced the medium size. This she wore for two or three months, without much benefit. I then introduced one of the largest size, which she wore several weeks without inconvenience; but still, owing apparently to a relaxed state of the vaginal coats, this also failed to give the necessary support.

Since then I have consulted with several physicians on her case, who have all coincided in recommending the use of the pessary, but she has derived very little benefit from its use. I have given also astringent injections, *per vaginam*, a thorough trial; and she used the tincture of cantharides three or four weeks without benefit. She now is confined to a recumbent posture almost constantly; and her symptoms are, in every respect, nearly the same as they were before using the pessary, with the exception that she can now walk a little further than she could before. But she cannot now remain on her feet, or sit up, more than fifteen or twenty minutes at one time; if she persists longer than this, she suffers after lying down, not from actual pain, but from an *intolerable exhaustion* and sense of weight about the pelvis. During the past summer and fall she has used the cold shower bath, the cold hip bath, and she has taken internally the nitras argenti in from 1-8 to 1-2 gr. doses, three times a day. She is now wearing a gum elastic pessary three inches in diameter, and making use of the *per oxide* of iron in 40 gr. doses, three times daily.

In Mrs. L.'s case I cannot find a sufficient cause to account for her inability to exercise. There evidently is no disease about the acetabu-

lum of either side. Her general appearance, as she lies on her settee, is that of a woman in good health, and she can walk as briskly across the room, unsupported, for a few times, as she ever could. She has five children, all in good health. When the uterus is unsupported by a pessary, her weakness increases, so that she evidently derives some advantage from the use of this instrument. Her case will no doubt be interesting to your readers; and I hope some of my brethren will be able to give me some useful advice through the medium of your excellent work. Yours truly, W. STARRETT, M.D.

BOSTON MEDICAL AND SURGICAL JOURNAL.

BOSTON, DECEMBER 25, 1833.

SUPPOSED DISCOVERY OF THE CAUSE OF CHOLERA IN THE EAST.

We alluded, a short time ago, to the supposed discovery of the cause of cholera in the use of bad rice for food. Since the circumstances of this discovery have been more fully developed, the subject appears in a new and more serious aspect. We shall offer in this, and subsequent numbers, the statements made by the discoverer to the London Medical Society, and the debate consequent thereon. The whole matter is contained in the London Lancet, and possesses a singular interest.

"The President, after the usual intimation that all the visiters might consider themselves members for the evening, stated that a gentleman present had intimated a wish to address the Society on a subject of great interest, and he, therefore, begged him to rise and explain.

Dr. Robert Tytler, a graduate of the University of Edinburgh and a surgeon in the East India Company's service, accordingly presented himself, and stated, that he was prepared to submit to the members a statement of facts of the utmost importance, in proof of an opinion which he entertained, that the disease which has been described under the name of the Asiatic cholera, and which is said to have arisen in Jessore in the year 1817, was occasioned and kept up in India by the consumption of unsound rice, as an article of food; and that the strongest presumption existed, that the same disease, wherever else it existed, was ascribable to the same cause. In making known in England his views on this subject, he begged it distinctly to be understood, that whether they at once obtained general credence or excited warm controversy, his sole desire was, that the *truth* should be elicited. He was neither anxious for victory in debate, nor should feel disappointed at the failure of his position. Having thus prefaced his statements, he should endeavor to secure their attention by saying, that he was the individual who first reported to the Medical Board of Bengal the appearance of the disease in Jessore, which had since desolated the world, and had given origin to so much professional discussion. This he should presently incontrovertibly establish by the production of official documents. His course would then be to show that the disease in India was produced by the deterioration of the rice crops of the country—to point out the causes by which they had been blasted—and to afford proof that the poisonous food existed in great abundance in England, and was now selling in London in unlimited

quantities, at three halfpence a pound—leaving the inference from that fact to become the subject of consideration with those who had possessed opportunities of witnessing the disease called the Asiatic cholera in this country. Specimens of what he had purchased in London, he would first of all lay before them, that they might know what he considered to be diseased rice. He had brought none from India, but he found, in a most respectable shop in the metropolis, precisely the same kind of rice as had, in his opinion, produced the cholera in India, and from the cause of which disease he had given it the more appropriate name of *Morbus Oryzeus*. (Dr. Tytler here laid on the table five kinds of rice—one of them rice of a perfectly healthy character, transparent, white, and unblemished in any part, presenting to the eye an appearance of being rice of the best quality;—a second specimen, in which the grains possessed a yellowish tinge, and which was the common 'choleriferous' rice, being affected, as he imagined, either with real ergot, or a modification of that distemperature;—the third was the common, coarse, or 'ouse rice' of India;—the fourth was a brown or red rice, covered with a 'tunic;'—the fifth consisted of rice in its most diseased state, being nearly black.) These were not bought separately, as he showed them, but were the result of a division of the sample he had purchased. The grains were severally picked out therefrom, and put into the distinct heaps now shown. He should, then, assume these specimens to be a scale of good and bad qualities—edible rice, or the purest, being the plus thereof. (The specimens from zenith to zero were here sent round the room for examination.) On the investigation of the facts connected with noxious rice, he had spent unremitting attention for sixteen years—a circumstance which gave him, he hoped, a strong claim on their attention. Now the fourth of the specimens before them was the red rice of Bengal, and was enveloped in a tunic, which existed between the husk and the grain, called 'kun' and 'koora,' distinct from the grain, not easily separated from it, and admitted by all the natives of India to be a deadly poison. No attention whatever was paid to this tunic in England, though quantities of the grains here sold were covered by it. The great object of the natives in India was to separate it from the rice, because it produced most violent effects on the bowels. Yet it was the usual marketable rice of Bengal. Now the yellow and black grains were diseased throughout. In the red rice the tunic alone appeared to be the seat of the poison.—He would now revert to the personal topic with which he had commenced, and prove to them, by the production of indisputable documents, that he was the individual who first saw or noticed the disease at Jessore in a professional light. The Society would acknowledge the importance of that evidence, for from the report to which those documents referred, sprung all the other reports and publications relative to the disease which was generally spoken of as having had its origin in Jessore. Their weight would be equally great in the discussion of this subject, even if it was contended that the disease existed before 1817—and, in fact, it must have existed before then, wherever bad rice was eaten. Jessore, however, was the pivot on which the disease, as it was known in all quarters of the globe, had been made to turn. To that point all writers referred, and it had become so important a datum, that his evidence was, he felt, under the circumstances, such as to demand, on public grounds, for the facts and opinions he had to state, the best consideration. (Dr. Tytler here read extracts from documents, proving to the entire satisfaction of the Society the point he was thus anxious to establish. He then pro-

ceeded with his narrative, having first been urged by Dr. Blicke, with some degree of impatience, to show the Society 'how it was that the disease was owing to rice.' To that proof, Dr. Tytler said, he was speedily coming.) As the facts involved very great interests on the part of others, he considered it right first of all to eradicate any impression that he might attack individuals, or any body of men, by his statements. He meant to impugn no one, for he ascribed to the natural course of events the disastrous occurrences to which he should refer. He made these remarks because his opinions had been most strongly deprecated in other countries, by persons who thought that their commercial interests were affected by the diffusion of the facts he had collected. Before developing his own proofs of the morbific qualities of rice, he should lay before them the opinions of some other and very old observers of its effects. He was not the first individual who noticed its deleterious nature. After he had detected and fully confirmed, by personal observation, the fatal qualities of the rice crops of India, he became anxious to learn whether similar opinions have ever been entertained by others, and a summary of his (Dr. T.'s) researches he would now lay before the Society. The first author in whom he had detected any allusion to the subject was James Bontius, who wrote an account of the *Diseases of India*, wherein he said, 'Wheat, in my opinion, affords better nourishment than rice. Experience evinces that hot rice is not only hurtful to the stomach, but also to the brain and whole nervous system, and this aliment often induces a total blindness. Hence you will seldom or never see the Javans or Maldinians eat hot rice. The principal cause of dysentery is the drinking an inflammatory liquor, *arack*, which the Chinese make of rice, and the *nolothuria*, or what in Holland we used to call qualiben, or quallen.'—(Pages 16 and 128.) The following was an extract from a letter written by the surgeon of the *American*, English ship of war, dated Manilla, November 11, 1762, published by Dr. Lind, and quoted by Dr. Hunter, in his essay on the *Diseases of Lascars*, p. 223. He said, that one of 'the causes of that fatal calamity,' a dreadful dropsical disease, with putrid sores, which raged in the ship, was 'spoiled rice, among other short and bad food,' which even in its best state afforded only a very poor and watery nourishment. Grose, in his *Voyage to the East Indies*, 1772, p. 48, said, that the eating of new rice materially affected the eyes. Sonnerat, in his *Travels*, quoted in the *Madras Medical Reports*, p. 6, said, that a flux, from which 60,000 persons perished, was produced in many by eating cold rice, with curds. In Griffin's *Memoirs of Captain Wilson*, Captain Wilson in his diary said, that he was, in India, thrust into a dungeon with 153 fellow sufferers, chiefly Highlanders, of Colonel Macleod's regiment, men of remarkable size and vigor, whose only allowance was a pound of rice a day per man. The noble and athletic Highlanders were among the first victims, by a flux and dropsy. Captain Wilson soon suffered, and was near death, but he exchanged his rice one day for grain called 'ratche pier,' ate it, and drank the liquor in which it was boiled, and immediately recovered, though greatly weakened. With this new diet also he cured many of his fellow prisoners. (Dr. Tytler continued to quote numerous other passages of similar import, from acknowledged sources, of which the following is a brief summary.) Col. Pearse wrote in a letter, dated 1781, and published five years after he (Dr. T.) had ascertained the effects of rice—'The army was not attacked with cholera morbus until the provisions, particularly the red rice, was complained of as being of a very prejudicial quality, causing violent pains

in the bowels and fluxes.' In Mr. Hunter's essay, rice was said to have caused much scurvy among the Bengal Sipahees in the Carnatic in 1783. In a memoir by Dr. Bernard to the Academy of Sciences of Beziers, in November 1786, Dr. B. wrote of rice—'But does not this food (so extensively cultivated) become the secret cause of a disorder which does not show itself until after a considerable lapse of time? This observation may appear singular, since we rarely find, in medical authors, any phenomena which give us reason to suspect the salubrity of rice. If the use of rice,' he continues, 'be generally prevalent in the globe, it will not be surprising if this substance sometimes produces singular effects.' He then related the case of a merchant, who changed his diet to rice, and who felt no effect from it for several days, but then suddenly was attacked with violent sneezing, and enormous swelling of the body, with apparent sinking of the eyes in the head. A change of regimen effected a cure. On again returning to rice, of which he was very fond, the former symptoms returned; and he then wholly abandoned rice, 'forbidding that it ever should again be served on his table.' Once, however, he forgot his precaution, ate a spoonful, was seized instantly with sneezing, and was obliged to take diluents to get rid of the paroxysm. Yet, on another occasion, being very thirsty, he drank some rice-water; when, after using the fluid for a few days, the swelling re-appeared. Rice eaten with other aliments had no such effect on him; for he could safely consume rice cakes, which were only partly rice. The Count de Manse was said to have experienced very similar effects from like causes. The following was an extract from a Chinese medical book, printed about 1790, quoted in Livingstone's *Observations on Epidemic Cholera as it appeared in China*, and noticed in the *Calcutta Med. Trans.*, vol. 1, 1825, p. 207:—'In every case of cholera, be careful not to let any congee, or rice-water, enter the stomach, for death will be the consequence.' In the *Encyclopædia Britannica*, 3rd edit., 1797, article 'Oryza,' Dr. Percival observed, that 'rice is an improper diet for hospital patients, and particularly for sailors in long voyages;' and is apt to become putrid very speedily when moistened. Dr. Trotter, in 1780, ascribed the production of scurvy, on board country ships in the East Indies, to rice. Dr. William Hunter gave an account of a ship's crew, in 1800, amongst whom severe and fatal anasarca occurred from living on rice, while all who had other diet escaped. Mr. Christie, inspector of hospitals at Ceylon in 1803, stated that rice diet in European troops produced beriberi and complete paralysis. Dr. James Johnson said, that the liquor retailed to seamen in China called 'Samshoo,' obtained almost wholly from rice, 'is certainly of a very destructive nature;' and added, that its effects attracted so much attention, that his Majesty's ships, on going to China, were generally ordered to guard against its introduction as against a poison. And, finally, Dr. Blackall, of Exeter, in his work *On Dropsies*, 1813, p. 323, gave an account, furnished by a Mr. Johnson, of dropsy, produced by damaged rice, in the *Asia*, East Indiaman, at Canton, and which was cured by changing the diet to bread. Mr. Bartolocci, in a work on Ceylon, 1817, p. 240, wrote, 'If rice be used soon after it is gathered, namely, within one or two months, it is by no means a wholesome food.' The rich will not eat it, but the 'laborers are so poor, that, in many instances, they cannot afford to wait for the grain becoming sufficiently seasoned. The Ceylonese complain much if they are under the necessity of feeding for a considerable time upon the "moongy" rice, which is imported to Ceylon from Bengal.' Yet (observed Dr.

Tytler, after this enumeration) no notice of the effects which must be produced on a large scale where bad rice is almost universal, had ever been taken in England. They seemed to be wholly unknown there. To him (Dr. T.) also they were unknown until the Cholera of India made him acquainted with the noxious qualities of rice, and then by research he accumulated the statements of others, before the Society. The history of his own experience he would now relate.

In March, 1817, after the return of the fifth battalion of Bengal Volunteers from Java, he was directed by Government to undertake the medical duties of the civil station of Zillah, Jessore, which place he reached, from Calcutta, in the April following. On the 19th of August a native doctor came to him, about noon, to say that a native was taken alarmingly ill in a bazaar at another portion of the town. He (Dr. T.) went to the patient immediately, and found him laboring under all the symptoms of a person who was dying from the administration of a vegetable poison—which might have been fancied to be digitalis, or datura (smoked with tobacco), opium, or bitter aloes, and he at once made up his mind that such was the fact. The pulse was gone, the face was livid, the eyes were sunk, the forehead was bedewed with cold perspiration, and the surface of the body and the extremities were frigid. He exhibited nearly the same symptoms as a cat which I once saw poisoned with *meeta beekh*. The animal's body became cold and covered with perspiration, and discharges like those in cholera morbus came from it. In this man, in short, the symptoms were precisely the same as those since ascertained to mark the Asiatic cholera. I had no doubt, however, that it was a case of poisoning, and that it was an attempt to get rid of the man to prevent his giving evidence in a trial for murder, at which he was in a few days to be a principal witness in the Circuit court; for in that country they will get rid of evidence, at the expense of any crime that can be committed. I mentioned my suspicions on the spot, when an inquiry was instituted, and the villagers made confession of the melancholy fact that ten persons, similarly affected, had died nearly in the same corner of the Bazaar, and seven in another quarter, and that many more were alarmingly ill in different parts of the town. The disease was ultimately ascertained to have existed three days anterior to the decease of the native whose case led to its detection. This man had the day before his illness eaten a large quantity of new rice formed into choora. The disease rapidly spread: the whole station was in disorder, and the natives ran away in droves, hurrahing as they passed my house, in token of joy that they were flying from the horrible disease. I was 72 miles from Calcutta, without medical assistance. I tried at once to ascertain if the disease was contagious. I lay on the beds with the patients, I drew in their breath, I rubbed myself with their limbs, I took every means to become infected, if it were possible. Every attempt failed. I am sure the disease is not contagious. But I was quite unprepared to treat it. Till that disease broke out, I now candidly confess, I knew comparatively nothing of my profession, though I had been nine years employed in it. Nor could any one else treat it. Everything before then was child's play in medicine. I date my knowledge of disease not from my graduation at Edinburgh, but the appearance of this disease at Jessore. I endeavored to eradicate the disease by ridding the country of causes of miasma. I had all the jungle grass cut down, and the tanks filled up, but without avail. Persons in full health were seized while walking in the roads, and died in a few hours. The time, however, soon arrived in

which I discovered reason to suspect the disease to be caused by the use of rice. On the 30th of April, as I was proceeding in the accustomed melancholy route, witnessing on all sides the ravages of death, I received a letter from Mr. Watts, proprietor of an indigo factory a short distance from Jessore, in which I was informed that several of his servants were ill with the disease, from eating new rice of the present season. I was then in my palankeen, and asked the bearer, who was running beside it, whether the new rice was hurtful? His answer, to my astonishment, was—'that new rice made every one sick who ate it, and was the cause of the prevailing disease; and that he, in consequence, abstained from its use.' This fact had hitherto been concealed by the natives, and I hurried at once over to the jail, and asserted among the Sepoys that they had been eating new rice. With feelings of shame they acknowledged it, and said, that 'if I would give an order, they would eat no more.' Finding I had made this discovery, the cry of 'Don't eat new rice,' proceeded from every mouth. My suspicions received ample confirmation in the jail. None were affected there but those who had partaken of the rice, and several who had recently used it were then hourly falling sick. Yet the secrecy which was attempted to be kept was surprising. Two of my own servants, who were ill, were with great difficulty only, brought to confess that they had eaten of the deleterious grain. Depositions of the facts disclosed in the jail were taken by the judge at the Court in Jessore, that a full investigation might be made. The malady permanently disappeared in the crowded jail of Jessore (the only place under restraint), containing upwards of a thousand persons, from the moment the use of the *new rice* was prohibited, while it continued to rage with unabated vigor among the inhabitants of the villages, who still persisted in using it as their daily food—and eat they would, either through poverty, or the love of it, notwithstanding the horrible effects it was producing around. I will now mention some cases in which the bad effects of rice were strikingly apparent. The following instance occurred at Allahabad, and was communicated to me upon unexceptionable authority. Towards the end of June 1818, three young men, brothers, barbers by trade, proceeded to the village of Daroogunge to shave pilgrims who came to bathe in the Ganges. At that time a boat happened to arrive from Bengal, laden with red rice for sale. These brothers purchased a rupee's worth, returned to Allahabad, cooked the rice, and partook of it. They were immediately seized with the prevailing distemper. Two died in twenty-four hours, and the third was dying. On being asked why, with such facts before their face, the natives still ate rice and denied it, reply was made, that those persons would be severely punished, by their relatives, who acknowledged the disorder to arise from rice. The following is an extract from a letter, which I received from Lieut. M'Kinnon, Honorable Company's 21st Regiment:—'Your letters respecting the cholera morbus bring a circumstance to my recollection which took place at the period that that fatal disease was committing such ravages amongst the bearers and camp followers of the centre division of the grand army. A servant of mine got leave to visit his native village for a month; but he came back in a few days, saying that fifty people had died in the village from eating cheap rice, lately arrived in boats from Bengal, and he was so prejudiced against it thenceforth, that he could not bear the sight of it.'—It has been objected to my opinions respecting rice, that it could not be the general cause of the cholera in India, because it was known to occur on board some ships which had sailed without any rice on board,

and yet had the disease before reaching shore. I discovered a reply to this, in the fact communicated to me, in Sept. 1820, by Mr. Barnett, the surgeon of the *Lady Carrington*, which vessel, having had no rice in her, when a long way from land met with a pilot schooner, out of which five bags of reddish rice were bought, and the disease commenced violently two hours after the first meal.—It now came to be important to me to perform some direct experiments in support of my opinions, and this I did. (Dr. Tytler here read an account of some experiments, well attested and authenticated, performed upon goats, in which symptoms closely similar to those of the malignant cholera in the human being were produced by the administration of a coarse description of rice as food. Want of room in this report compels us to abridge our notice of them to this statement. He then proceeded to another division of his subject.) With regard to the question of *contagion*, he said he had nothing more to say than he had already stated. Other causes for the occurrence of the disease might, he said, exist. He did not attempt to deny that. He meant to confine himself to this averment, that the disease which he had seen in India was produced by the use of noxious rice, and to prove that point he had come before the Society. Was the Society satisfied of the fact, that a deleterious property existed in rice?

The President intimated that there could be no doubt of it.

Dr. Blicke. Certainly there is no doubt of it. It was known ages ago.

Dr. Tytler. That gentleman says 'ages ago.' I don't understand him. Whatever was known, nothing was acknowledged, of its effects in producing cholera, and I have throughout met with the most extraordinary opposition to my position. Have I, therefore, established, to your satisfaction, the fact, that the rice of commerce is capable of producing serious morbific effects?

The President. Yes, and to pursue that point farther would be a waste of valuable time. Now, therefore, we are desirous that you should prove how it is that the rice crops suddenly had the effect of producing the cholera at Jessore, in, and not before, 1817.

Dr. Burne. Dr. Tytler has said that the cholera may arise from many other causes.

Dr. Tytler. I did, but that no doubt may exist as to my opinion of the cause of the disease commonly known in India as the 'Asiatic cholera,' I have named it 'cholera oryza.' (Dr. Tytler then proceeded to show, by extracts from various sources, that the 'cholera oryza' (malignant cholera) had occurred in numerous quarters of the globe, in which common rice was an object of traffic. His quotations were too numerous to be given in our report. His references were presently interrupted.)

Mr. Field. How did the rice get to Russia, where the disease was so violent?

Dr. Tytler. I am coming to it. I can't travel all over the globe at once.

The President, however, here rose for the purpose of suggesting the propriety of an adjournment, the usual period of debate having arrived. He never saw a meeting more promising to science, the Society, and himself, and he hoped that the next would be as well attended. They were greatly obliged to Dr. Tytler for his presence (*hear, hear*), but as it seemed probable that his farther statements would occupy another hour, he thought it would be best to request his attendance again next Monday, instead of pursuing the subject farther at present.

Dr. Blicke said he would move an adjournment, with the request to Dr. Tytler, especially as he (Dr. Blicke) thought the debate was likely to take a very interesting turn (*hear, hear*), and many gentlemen were now obliged to leave.

This was seconded, and carried unanimously. The meeting then separated."

CHILBLAINS.

Chilblains are among the attendants of the cold season, and no one who has ever experienced this affection will blame us for ranking it among its troubles. It is well known that the disease assumes two forms—one marked by *solution*, and the other by simple inflammation, but *continuity* of the integument. When the skin is broken and the disease suffered to advance, and its causes still to operate on the part, ulceration ensues, and a species of ulceration that is not always easily checked. When in this state, we have been able to find no better remedy than the tincture of iodine, with which the part may be painted morning and evening. In the meantime every source of local irritation is to be avoided, and the part kept from the contact of the air by a covering of gold beater's skin. In the worst cases, this treatment, we apprehend, will be found more effectual than the various remedies for the disease with which medical history and popular tradition abound.

A very large proportion of the cases of chilblain attract sufficient notice at an earlier period of their progress, and when the skin is yet unbroken. All these cases require is, a covering of gold-beater's skin, and a loose shoe. After soaking the feet in warm water, let the heels or other part affected be well covered with this article, and in a few days the irritation will subside, in a vast proportion of cases, if not in all. Simple as this remedy is, it will be found more effectual than all the plasters and washes of the pharmacopœia, and seldom if ever will it disappoint the expectations of the physician or his patient.

ON THE USE OF CALOMEL IN PRURITUS.

Dr. Younge of Georgia writes thus in the Philadelphia Journal. For the suggestion of Dr. Dewees of the use of a solution of borax in cases of pruritus, the profession must ever be thankful. Certainly few disorders which beset the pregnant state are more difficult to manage than pruritus. We have found the solution of borax a most efficient remedy when there was an aphthous efflorescence about the vagina. It has been my misfortune to treat cases of pruritus of the most uncompromising obstinacy. Every reasonable plan I had ever heard of, was followed to its utmost extent. A rigid antiphlogistic plan of diet, the borax, the hartshorn, cold water, mercurial ointment, bleeding and purging as far as consistent with pregnancy, were all tried without more than slightly palliating the affection, until I resorted to the local application of calomel. I had it sprinkled over every spot of inflammation within the vulva, as thoroughly as the nature of things would allow, three or four times a day. Whenever the itching became urgent, my advice was to wash the part by means of a syringe, with cold water, and reapply the dry calomel, which immediately calms the most insufferable irritation.

I have pursued this plan when the disease seemed perfectly unmanageable, with the happiest effects; although the disposition to recur was manifested until delivery, this remedy always appeased the distress.

POSITION OF THE BODY IN TYPHOUS FEVER.

A CORRESPONDENT suggests that the position in bed of the sick in typhous diseases, is not sufficiently attended to by the faculty ;—that lying on the back favors congestion in the cerebellum, and tends to heighten all the symptoms of the disease, and to impede very essentially the restoration of an equal and healthy circulation.

The hint is not unworthy of notice, particularly as there are other reasons, familiar to all practitioners, which render this position, in most cases, the most unfavorable that can be assumed by the sick. We would add that physicians are often misled by this circumstance in their post-mortem examinations—attributing to local inflammation in the back parts of the encephalon, appearances that were caused by gravitation of the blood, either during the weakened circulation of typhus, or after the vital spark had fled.

Whole number of deaths in Boston for the week ending December 20, 26. Males, 19—Females, 7.
Of gangrene, 1—consumption, 3—lung fever, 2—typhous fever, 4—intemperance, 2—epilepsy, 1—disease of the heart, 1—complication of diseases, 1—cancer, 1—infantile, 2—pleurisy, 2—canker, 1—convulsions, 1—throat distemper, 1—accidental, 1.

THE BOSTON MEDICAL AND SURGICAL JOURNAL

IS PRINTED AND PUBLISHED EVERY WEDNESDAY, BY D. CLAPP, JR. AND CO.

At 184 Washington Street, corner of Franklin Street, to whom all communications must be addressed *Post-paid*. It is also published in Monthly Parts, on the 1st of each month, each Part containing the numbers of the preceding month, stitched in a cover.—Price $3,00 per annum in advance, $3,50 if not paid within six months, and $4,00 if not paid within the year.—*Postage the same as for a newspaper.*